

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ACHROMATIC PHASE SHIFT DEIVCE AND INTERFEROMETER USING ACHROMATIC PHASE SHIFT DEVICE
Attorney Docket Number::	2001-1020
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: JOSEPHUS  
Middle Name:: JOHANNES MARIA  
Family Name:: BRAAT  
City of Residence:: DELFT  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: PLEIN DELFTZICHT 18

City of Mailing Address:: DELFT  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-2627 CA

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: HENRIK  
Middle Name::  
Family Name:: BOKHOVE  
City of Residence:: GOUDA  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: WIJNRUITGAARDE 13

City of Mailing Address:: GOUDA  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-2503 TG

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	National Stage of	PCT/NL99/00558	9/8/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::